## 2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS Maine Center for Disease Control and Prevention/DHHS DISTRICT Bench-INFECTIOUS DISEASE UNITED mark **MAINE STATES INDICATORS** State Central Cumberland State **Aroostook** Downeast Midcoast **Penguis** Western York (healthiest) ± Margin of Error Kindergarteners Exempted from Childhood Vaccination for 3 43 105 58 60 25 36 43 373 n/a n/a Philosophical Reasons (count) [2007] Children Immunized with the MA 75.7 77.0 4:3:1:3:3:1 Vaccination Series by 24 82.9 n/a 78.6 n/a n/a n/a n/a 82.1 86.9 Months of Age (percent) [2001-2003] (4:3:1:3:3:1 means at least 4 DTP/DT/DTaP, 3 Polio, 1 Measles-containing, 3 Hib, 3 Hepatitis B, and 1 Varicella vaccine) [2006] [2006] [2006] Influenza Vaccine Past Year for CO 69.4 69.9 70.3 79.9 69.4 70.6 77.7 65.6 72.3 69.6 Adults over 65 years (percent) 75.9 $(\pm 13.5)$ $(\pm 9.8)$ $(\pm 6.7)$ $(\pm 13.5)$ $(\pm 6.9)$ $(\pm 8.2)$ $(\pm 9.2)$ $(\pm 9.6)$ $(\pm 3.1)$ [2006] Pneumoccal Vaccine Ever Among OR 63.4 73.9 63.3 62.2 68.3 63.4 66.7 77.2 67.9 Adults 65 Years of Age or Older 66.9 $(\pm 14.7)$ $(\pm 10.4)$ (±8.6) $(\pm 14.7)$ $(\pm 9.2)$ $(\pm 10.0)$ $(\pm 10.2)$ $(\pm 3.5)$ 74.7 $(\pm 7.3)$ (percent) [2006] Chlamydia (total number) [2006] 64 255 95 213 303 447 2.304 652 280 n/a n/a Late Diagnosis of HIV (number. AIDS diagnosis within 12 months of 5 10 31 5 11 9 13 12 96 n/a n/a first HIV diagnosis) [2001-2005] Lyme Disease (crude rate per 2.4 20.8 7.8 22.5 24.5 3.6 6.0 56.7 18.8 6.7 100,000; 5-year count in n/a (9)(66)(299)(89)(177)(29)(56)(529)(1.200)[2006] parentheses) [2002-2006] Salmonella (crude rate per 100,000; 8.9 11.3 11.4 14.2 13.4 7.5 10.5 9.7 11.8 15.5 5-year count in parentheses) n/a (178)(32)(76)(91)(720)[2006] (42)(119)(72)(110)[2002-2006]

## **SOURCES AND TECHNICAL NOTES**

There are three (3) DHHS Districts whose jurisdictional borders follow a single county [Aroostook, Cumberland, and York] and five (5) DHHS Health District jurisdictions that cover either 2, 3, or 4 counties [Central, Downeast, Midcoast, Penquis, Western Districts.]

Highlighted cells are those that may be significantly different than the state rate because the data fall outside the margin of error.

Race / ethnicity estimates herein reflect one type of Census format so that when a person of more than one race is counted, he or she is counted in more than one racial category. This will result in a total cunt higher than the actual total population count for the jurisdiction when it comes to race / ethnicity.

What is measured to compare disease burden by District is not always what should be measured to compare state to national data (which is not always ageadjusted.)

Differences in methodology for data calculations may be too great to directly compare District or State data with US or Benchmarking State data sets such as found in *Healthy* People 2010, or the Commonwealth, Kaiser, or United Health Foundation indicators ranking projects. They are still informative so they have been included.

Indicators change over time, especially those that depend in coding regulations, which themselves change. Data for the single county Districts are sometimes calculated differently than those of multi-county Districts. For example, median ages are not comparable across Districts, but still provide useful information.

Many other complicated factors, such as when the population (Census) changes, means rates are not always comparable.